

McLaren Print System Order

Order No: 9541
 Order Date: 2015-03-04
 User: Sandra Dodge
 Phone: 810-342-2308

Ship Location: Sandy Dodge
 401 South Ballenger Highway
 Flint, Mi 48532

Forms

Quantity: 500
 Paragon Dept No: 31010
 Dept Name: Emergency
 Company Number: 60

Order Total Price: 91.75

Item Number: 3805
 Item Description: Patient Belonging Inventory
 Revision Date: 1/2014
 Print: 1 sided black and white
 Paper: 3 Part (White, Yellow, Pink)
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info:

BLANKETING
 For Storage

PATIENT BELONGINGS INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL				
Headwear	Shoes	Accessories	Shower Slippers	Swimsuits
Hats	Sandals	Shirts	Shower Boots	Swimsuits
Shirts	Slippers	Shirts	Shoes	Swimsuits
Coats/Jackets	Shoes	Y-Shirts	Underwear	Other

Other: _____

VALUABLES BROUGHT TO HOSPITAL				
Watches	Cell Phones	Medications	Eye Wear	Other
Right	Chargers	Other Items	Other	
Left	Other	Other		

Other: _____

*Indicates items received on 3/1/15

I have read the following and acknowledge:

- McLaren Files will not be held responsible for any money or property of any kind retained by me or kept in my possession while I am at the hospital.
- Please take all Valuables home when possible.
- After 90 Days McLaren Files will dispose of all unclaimed property left at the Medical Center. Please call Security at (810) 342-2308 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

Witness: All I am Patient Responsible Party Relationship (to patient): _____

Sending Unit: _____ Receiving Unit: _____ Nursing Staff Signature: _____ DQA

Patient has no belongings or belongings were taken with Patient Family or Representative.

PATIENT TRANSFER BELONGING INFORMATION

Checking & Valuation with Patient as Individual Above	From room #:	To room #:	Checking & Valuation with Patient as Individual Above	From room #:	To room #:
Yes/No			Yes/No		

For use by Security only:

Continued/Unreported Items, Entries and any Object clearly needs:

Security Signature: _____ Date: ____/____/____

All of my belongings have been returned to me.

Patient Signature: _____ Date: ____/____/____

100% Medical Records
 Complete Patient Satisfaction
 100% Patient Safety
PATIENT BELONGINGS
 810-342-2308

8700